

Becket Systems

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/25/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 10 sessions / 80 hours of chronic pain program

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: PhD, Licensed Psychology

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for 10 sessions / 80 hours of chronic pain program is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. Functional capacity evaluation dated 02/12/14 indicates that his truck tipped over and landed on its left side. He was jolted around and was left hanging from the seatbelt. Treatment to date includes x-rays, MRI scans, left shoulder arthroscopy on 03/12/13, EMG/NCV, physical therapy and medication management. Request for services dated 02/21/14 indicates that the patient has completed group therapy sessions within a work hardening program and individual psychotherapy sessions. BDI decreased from 22 to 14 and BAI from 24 to 7.

Initial request for 10 sessions of chronic pain program was non-certified on 02/28/14 noting that the patient has already had a work hardening program. The patient has shown significant improvement in psychological measures on testing. The patient's current PDC level and goal PDC levels are not known. Request for reconsideration dated 03/06/14 notes that current PDL is light medium and required PDL is very heavy. The denial was upheld on appeal dated 04/04/14 noting that the test data do not support the subjective reports of distress or substantial fear of re-injury they are reporting. No ODG supported measure of attitudes toward pain or fear avoidance was administered. He is taking minimal narcotics and now presents with minimal psychological symptoms.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries in xx/xxxx. The patient completed a work hardening program in 2013. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program and note that chronic pain management programs should not be used as a stepping stone upon completion of less intensive programs. The patient presents with minimal psychological indicators at this time, and a multidisciplinary program is not supported at this time. As such, it is the opinion of the reviewer that the request for 10 sessions / 80 hours of chronic pain program is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)